

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Maricopa

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119

County Registrar No. _____

Local Registrar No. 533

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emiguo Vasquez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 3 2 26
Month Day Year

8. FATHER
Full name Hermesio Vasquez

9. Residence (Usual place of abode)
If non-resident, give place and state. Mexico

10. Color or race Mex 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Mex
(State or country)

13. Occupation
Nature of Industry Labourer

14. MOTHER
Full maiden name Florencia Sanchez

15. Residence (Usual place of abode)
If non-resident, give place and state. Mexico

16. Color or race Mex 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation
Nature of Industry H. W.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at C. E. Drinn on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature C. E. Drinn (Physician or midwife). Address Mexico

Given name added from a supplemental report. Filed Mar 11, 1926 C. E. Drinn
Month, day, year Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

559 - 302 - 627